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June 4, 2015

VIA ECF

The Honorable Nicholas G. Garaufis
United States District Judge
Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: United States v. Ali Alvi Al-Hamidi
Docket No. 15-CR-056 (NGG)

Dear Judge Garaufis:

At the March 26, 2015 conference, Your Honor authorized me to obtain an Arabic translation of the indictment and to file a CJA 21 form. Enclosed please find a CJA 21 form which authorizes me to obtain said translation at a maximum cost of \$300.00.

Thank you for your attention.

Very truly yours,


Stuart J. Grossman

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 1/06)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED ALI ALVI AL-HAMIDI		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 15-56-01		5. APPEALS DKT./DEF. NUMBER			
7. IN CASE/MATTER OF (Case Name) US v. AL-HAMIDI		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other			
10. REPRESENTATION TYPE (See Instructions) CC							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 924(c), 2332(b)(2), 2339(B) & (D)							
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES							
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ 300.00 MAXIMUM OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses) Signature of Attorney: <u><i>Stuart J. Grossman</i></u> Date: <u>6/3/2015</u> <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Stuart J. Grossman 108-18 Queens Boulevard, Forest Hills, NY 11375 Telephone Number: <u>(718) 520-8722</u>							
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) translation of indictment into Arabic so defendant can read and fully understand the charges			14. TYPE OF SERVICE PROVIDER <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> 01 <input type="checkbox"/> Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner </td> <td style="width:50%; vertical-align: top;"> 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (See Instructions) 24 <input type="checkbox"/> Other (Specify) </td> </tr> </table>			01 <input type="checkbox"/> Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner	15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (See Instructions) 24 <input type="checkbox"/> Other (Specify)
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15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judge or By Order of the Court: _____ Date of Order: _____ Nunc Pro Tunc Date: <u>3/26/2015</u> Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO							
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY				
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW		
a. Compensation							
b. Travel Expenses (lodging, parking, meals, mileage, etc.)							
c. Other Expenses							
GRAND TOTALS (CLAIMED AND ADJUSTED):		\$0.00		\$0.00			
17. PAYEE'S NAME AND MAILING ADDRESS TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____							
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____							
APPROVED FOR PAYMENT — COURT USE ONLY							
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES			
				22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00			
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judge: _____ Date: _____ Judge Code: _____							
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES			
				27. TOTAL AMOUNT APPROVED \$0.00			
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate): _____ Date: _____ Judge Code: _____							